

FILED APR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9414

16

BIRTH NO.		REG. DIST. NO. <u>238</u>		PRIMARY REG. DIST. NO. <u>4345</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Matthews</u>		c. LENGTH OF STAY (In this place) <u>2 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural R.F.D. 2</u>		0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Resident</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ed,</u>		b. (Middle) <u>—</u>		c. (Last) <u>Strong</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 16 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>August 4 1892</u>	
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>12</u>		IF UNDER 2 HRS. Hours <u>—</u> Min. <u>—</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Barton? Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Strong</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Strong</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>493.26.5948</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Strong Matthews Rural R.F.D.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 15, 1951</u> , to <u>March 15, 1951</u> , that I last saw the deceased alive on <u>March 15, 1951</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ben H. Grant M.D.</u>				23b. ADDRESS <u>Tiptonville, Tenn.</u>		23c. DATE SIGNED <u>3-20-1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>—</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>West of Sikeston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-28-51</u>		REGISTRAR'S SIGNATURE <u>Helew Louie Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred J. Smith</u>		ADDRESS <u>1212 Maud St.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

APR 6 1951

DISTRICT HEALTH OFFICE No. 6

File No.

FEB 20 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Fred J. Smith

Licensed Embalmer No. 4508

P. O. Address Sikeston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.